



## Questionnaire for Prospective Pet Adoption

Tracking# \_\_\_\_\_

Date \_\_\_\_\_ Name of pet you would like to adopt \_\_\_\_\_  Dog or  Cat

Prospective Adopter's (Your) Name \_\_\_\_\_

Address (Physical) \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone(s) \_\_\_\_\_

Address (mailing) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone(s) \_\_\_\_\_

Employer \_\_\_\_\_ Years with Employer \_\_\_\_\_

How long have you lived at present address? \_\_\_\_\_ Are you planning to move in the next 6 months? \_\_\_\_\_

If so, would the pet you adopt go with you?  Yes or  No

If not, why not, and what would you do with the pet? \_\_\_\_\_

Do you:  Rent or  Own a  House  Apt or  Mobile Home

If you rent, are pets permitted? \_\_\_\_\_ Name and telephone of rental agent \_\_\_\_\_

How many adults live in your house? \_\_\_\_\_ How many children? \_\_\_\_\_ Age of the children \_\_\_\_\_

Do any family member have allergies to domestic animals?  Yes or  No

If allergies develop, are you willing to take steps to keep the pet?  Yes or  No

If you take a cat, do you intend to declaw?  Yes or  No

Why do you want a pet? \_\_\_\_\_

Are all members of your household aware that you are considering adopting a pet?  Yes or  No

Tell us about the animals you currently own or have lived with over the past 5 years \_\_\_\_\_

What is your Veterinarian's name and telephone number? \_\_\_\_\_

What kind of animal behavior do you find unacceptable? \_\_\_\_\_

How would you handle these behavioral problems? \_\_\_\_\_

How would you discipline or correct the pet? \_\_\_\_\_



Your pet may take several months to adjust to its new home. Are you willing to allow this much time for the adjustment? (Cats in particular)  Yes or  No

What will you do if your new pet does not get along with your present pets? \_\_\_\_\_  
\_\_\_\_\_

How will you care for your pet when you need to travel, go on vacation or in case of an emergency requiring your extended absence? \_\_\_\_\_

Are you willing to provide annual vaccination and any medical care necessary?  Yes or  No

Where will the pet be kept during the day? \_\_\_\_\_ At night? \_\_\_\_\_

Do you have a fenced yard?  Yes or  No      Cover from sun and rain?  Yes or  No

How many hours will the pet spend alone each day? \_\_\_\_\_

Are you prepared for the expenses a pet can incur: veterinary expenses, food, boarding if necessary?  Yes or  No

Also do you realize that having a pet will require many years commitment?  Yes or  No

Are you prepared to make an appropriate donation to help reimburse A.H.A. for the pre-adoption expenses? \_\_\_\_\_

Do you have any questions for us? \_\_\_\_\_  
\_\_\_\_\_

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To be completed by an AHA-SV Associate

Interview conducted by \_\_\_\_\_ for A.H.A.

At (date and time) \_\_\_\_\_ am/pm Location \_\_\_\_\_

